



Occupational and Business Licensing  
555 Wright Way  
Carson City, Nevada 89711  
(775) 684-4690  
[www.dmvnv.com](http://www.dmvnv.com)

## APPLICATION FOR BUSINESS IDENTIFICATION CARD

Please type or print in ink.

### FEES

<input type="checkbox"/> Dealer	<input type="checkbox"/> Original Identification Card	New	\$ _____
<input type="checkbox"/> Rebuilder	<input type="checkbox"/> Renewal of Identification Card	Renew	\$ _____
<input type="checkbox"/> Wrecker	<input type="checkbox"/> Duplicate Identification Card	Duplicate	\$ _____

Original and duplicate dealer and rebuilder ID cards \$51, renewal \$26. All wrecker ID cards \$51, which includes a Technology fee.

Business Name \_\_\_\_\_ Business License No \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No \_\_\_\_\_

Applicant's Full Legal Name \_\_\_\_\_ DLN \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

\*\*\*\*\*

### Notification of Lost, Stolen or Destroyed Identification Card

I, \_\_\_\_\_, of \_\_\_\_\_  
(principal's name) (business name)

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No \_\_\_\_\_

Business License No \_\_\_\_\_, do hereby certify that the Nevada \_\_\_\_\_ identification  
(dealer, rebuilder or wrecker)  
card issued to \_\_\_\_\_, has been lost, stolen or destroyed.  
(name of cardholder)

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date